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BIBDATASHEET**CONFIRMATION NO. 8336**

Bib Data Sheet

SERIAL NUMBER 10/656,071	FILING DATE 09/04/2003 RULE	CLASS 438	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. ATM-263					
APPLICANTS Bohumil Lojek, Colorado Springs, CO;									
** CONTINUING DATA ***** <div style="text-align: right; margin-right: 50px;"> <i>NOTE</i> <i>Dr</i> ✓ </div>									
** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 50px;"> <i>NOTE</i> <i>Dr</i> ✓ </div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/15/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY CO </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 6 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 20 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY CO	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS 003897 SCHNECK & SCHNECK P.O. BOX 2-E SAN JOSE , CA 95109-0005									
TITLE Method of making nonvolatile transistor pairs with shared control gate									
FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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